

Dial-a-Lift is a transportation alternative for elderly persons (70 & older) **residing within the city limits of High Point.**

1. This certification form must be completed entirely and correctly and returned to the Dial-a-Lift office. Please print and write legibly. **Any forms that are not filled out correctly and completely will be returned to the sender to be completed.**
2. Be sure to sign and date the form. Also send a **copy** of some type of documentation (Birth Certificate, ID, Driver's License, etc.) that shows a **your name and birth date**. **Please do not send us original documentation, only send a copy.**
3. Dial-a-Lift has a cost of \$2.00 per trip. All trips must be scheduled at least one day in advance. Same day, same day trip changes or emergency trips are not allowed.

After Dial-a-Lift has received your application, you will be contacted by mail within 21 business days to let you know if you are approved. You will be notified by mail if you are approved or not.

Please call 336-887-1183 if you have any questions.



DIAL-A-LIFT
DEMAND RESPONSE TRANSPORTATION SERVICE
716 W. MLK DRIVE * HIGH POINT, NORTH CAROLINA 27262
887-1183, FAX 883-3425 OR TDD#883-8517
THIS PRINTED MATERIAL WILL BE PROVIDED IN AN
ALTERNATIVE FORM UPON REQUEST.

Please read the attached instructions before completing this form. ALL questions must be answered & incomplete applications will be returned. Please print & write legibly.

NAME _____

ADDRESS _____ Apt. _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____

PHONE (AREA CODE) _____ BIRTHDATE _____ HEIGHT _____ WEIGHT _____ SEX _____

EMERGENCY CONTACT NAME & RELATIONSHIP _____

EMERGENCY CONTACT PHONE (AREA CODE) _____

1. ELDERLY CERTIFICATION- (AGE 60 & OVER): THE PERSON REQUESTING THE SERVICE MUST PROVIDE A COPY OF ANY DOCUMENT THAT VERIFIES HIS/HER BIRTHDATE. PLEASE DO NOT SEND ORIGINALS. ONLY SEND A COPY.

- A. HAS THERE BEEN AN EXPOSURE TO HEPATITIS "A"? YES _____ NO _____
HEPATITIS "B"? YES _____ NO _____ "HIV" YES _____ NO _____
- B. DOES HE/SHE REQUIRE A WHEELCHAIR? YES _____ NO _____ WHEELCHAIR SIZE _____ (L) X _____ (W)
WHEELCHAIR WEIGHT _____ LBS
WHEN NO RAMP IS AVAILABLE, A **PRIVATE ESCORT MUST ASSIST.**
- C. WHAT MOBILITY AIDES/EQUIPMENT ARE USED? (EX. CANE, WALKER, OXYGEN, ETC) _____
- D. WILL HE/SHE NEED TO TRAVEL WITH A PRIVATE ESCORT? YES _____ NO _____ SOMETIMES _____
IF YES, THE ESCORT MUST TRAVEL ON ALL TRIPS. ONE ESCORT MAY RIDE AT NO CHARGE.
- E. WHAT OTHER SPECIAL ASSISTANCE IS NEEDED? _____

I CERTIFY THAT THE ABOVE INFORMATION, WHICH I HAVE PROVIDED, IS TRUE AND CORRECT. I UNDERSTAND THAT IF THIS APPLICATION IS APPROVED, I MUST ABIDE BY THE RULES AND REGULATIONS SET FORTH BY THE DIAL-A-LIFT SERVICE.

SIGNATURE OF PERSON REQUESTING SERVICE OR PARENT/GUARDIAN IF LESS THAN 18 YEARS OF AGE
DATE _____

FOR DIAL-A-LIFT USE ONLY

APPROVED: _____ YES _____ NO

ISSUED BY _____ TITLE _____

DATE _____ FILE NUMBER _____